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Expiration 08/31/2013

**U.S. Administration on Aging  
National Hispanic Senior Medicare Patrol  
Program Announcement and Grant Application  
Instructions**

**U.S. Administration on Aging  
FY 2011**

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**Department of Health and Human Services (HHS)**

**Administration on Aging (AoA)**

**AoA Center for Program Operations**

**Funding Opportunity Title: National Hispanic Senior Medicare Patrol**

**Announcement Type: Initial**

**Funding Opportunity Number: HHS-2011-AoA-MP-1116**

**Catalog of Federal Domestic Assistance (CFDA) Number: 93.048**

**Key Dates:** The deadline date for submission of applications is 11:59 p.m., Eastern Time, on **August 1, 2011.**

The Administration on Aging will hold a competition for a cooperative agreement to support the National Hispanic Senior Medicare Patrol (NHSMP). The award is a cooperative agreement because AoA will be involved substantially in the project. The cooperative agreement will provide for training, technical assistance and support to the 54 Senior Medicare Patrol (SMP) projects across the country in more effectively reaching Hispanic older adults with the message of health care fraud control, and in better assisting Hispanic individuals with complaints of potential fraud. The accompanying set of materials includes a description of the priority areas and all the instructions necessary to prepare and submit a grant proposal to compete for the award. Funding for the new cooperative agreement is expected to begin by September 30, 2011.

## **I. FUNDING OPPORTUNITY DESCRIPTION**

The overall NHSPM goals for the cooperative agreement will be to: (1) enhance the skills, knowledge, and capacity of the SMP network to enable SMP projects to: effectively reach Hispanic older adults with the message of health care fraud prevention, identification and reporting; and respond to complaints from Hispanic older adults, their families and caregivers, of potential Medicare and other health care fraud identified as a results of this increased awareness; (2) provide in-depth research-based, tailored technical assistance to selected regional SMPs with high Hispanic populations, especially Hispanic older adults; (3) develop innovative outreach strategies and approaches designed to enhance awareness of Hispanic older adults, their families and caregivers about Medicare fraud; and (4) conduct direct outreach and education in selected high Hispanic population area(s), utilizing the outreach activities to test and refine the outreach strategies developed. To achieve these goals, the NHSMP will be expected to:

- Provide consultation, information and technical assistance for SMP projects on more effectively reaching and serving their Hispanic older adult populations;

- Provide training to SMP program staff and volunteers in an accessible, user-friendly format, including webinars, conference presentations, and selected on-site training events;
- Promote national public awareness of the importance of health care fraud prevention, identification and reporting within the Hispanic community;
- Improve effectiveness of SMP projects in reaching Hispanic elders, their families and caregivers within local communities, including strategies for developing local partnerships with community-based organizations;
- Identify research needs, including assessment of needs in selected states or regions with high Hispanic populations to inform NHSMP in-depth technical assistance efforts in those areas;
- Promote and disseminate research results on issues identified which affect the SMP projects' work with Hispanic older adults;
- Support the SMP volunteer component through development of effective strategies to recruit, train, support and reward Hispanic volunteers;
- Develop collaborative partnerships with organizations and agencies at the local, state and national level which can provide support to efforts to empower Hispanic seniors to prevent health care fraud, including:
  - Media organizations and outlets;
  - HEAT Task Force organizations (CMS, OIG and DoJ);
  - Community-based Hispanic organizations; and
  - Aging network (AAAs, service providers)
- Develop and disseminate new materials, products and informational resources for the SMP network that will promote efforts to effectively reach and better serve Hispanic older adults;
- Develop a plan to provide assist and support to SMP projects in receiving, processing and referring selected inquiries and issues from Hispanic beneficiaries requiring Spanish language translation services;
- Operate a website which provides:
  1. Updated resources and timely information to SMP projects, local service providers, and partners including accessible, user-friendly presentation of

NHSMP resources and materials developed for outreach, education and volunteer training.

2. Information to the public (with focus on the Hispanic population) about the SMP Program, the NHSMP, and basic health care fraud control tips and resources.
  - Assess the needs of all SMP projects to determine the type and level of NHSMP assistance and support that would be most useful to their efforts to reach and better serve the population of Hispanic older adults within their states or territories, adjusting workplan priorities accordingly based on results;
  - Propose a plan to provide direct outreach and education to Hispanic older adults to address Medicare fraud, waste and abuse in a selected area(s) and to test and obtain feedback from beneficiaries and local providers on the NHSMP strategies and informational resources developed through this grant;
  - Identify and share with the SMP network and SMP Resource Center successful practices and products, related to:
    - Outreach to Hispanic older adults, family members and caregivers;
    - Public awareness/media strategies; and
    - Volunteer recruitment and training.

The NHSMP will be evaluated on accomplishment of these activities. Outcomes will be measured by the degree to which SMP directors and the SMP Resource Center indicate the NHSMP activities have enhanced the SMP program's ability to more effectively reach and serve Hispanic older adults.

### **Statutory Authority**

The statutory authority for grants under this Program Announcement is contained in HIPAA of 1996 (P.L. 104-191); Catalog of Federal Domestic Assistance 93.048).

## **II. AWARD INFORMATION**

Award Type:	Cooperative agreement
Estimated Federal Funds Available:	\$225,000 per year
Estimated Number of Awards:	1
Project Start Date:	9/30/2011
Estimated Length of Project:	Three (3) Years

AoA plans to fund one NHSMP project at \$225,000 per year for a total project period of 3 years (see instructions on AoA match requirement in Section III). Release of continuation funding for the NHSMP beyond the initial budget period will be completed on a non-competitive basis, subject to the availability of funds. Non-competitive continuations will be contingent on satisfactory progress of the grantee and an AoA determination that continued funding will be in the best interest of the government.

This is a new cooperative agreement. AoA will be substantially involved in the NHSMP's activities by reviewing and approving technical assistance products and participating in planning and training activities, which will be determined by the needs and priorities of the SMP projects and the Administration on Aging. The cooperative agreement will include the following terms:

The NHSMP grantee will provide:

- direct training and training materials to enhance SMP staff and volunteer skills in reaching and working with Hispanic elders;
- specific products and forums that provide resources and information on effective health care fraud prevention outreach and educational strategies for Hispanic older adults;
- in-depth research-based tailored technical assistance, including innovative outreach strategies and approaches, to selected regional SMPs with high Hispanic populations;
- information and referral services for health care fraud inquiries and issues received from SMPs, partners, and Hispanic health care beneficiaries, their families and caregivers;
- overall promotion of the SMP message of health care fraud prevention, identification and reporting within Hispanic networks at the local, state and national levels; and
- collaborative efforts with through strategic partnerships to strengthen outreach to Hispanic populations; and
- direct outreach and education in selected high Hispanic population area(s), to test and refine outreach strategies developed.

The NHSMP will maintain a website to provide technical assistance to the SMP network, including NHSMP information, products, and materials. This website will be linked to the SMP Resource Center site as well as the SMP webpage of the AoA website.

The NHSMP will provide AoA a period of three weeks, prior to their release and/or publication, to review and comment upon all materials, reports, documents, etc. produced by the NHSMP with funds provided through this award.

The NHSMP will provide electronic copies of all document drafts and its semi-annual and final reports to facilitate AoA review.

AoA will perform the following tasks:

- AoA will work cooperatively in the development and execution of the activities of the NHSMP.
- AoA will work with the NHSMP to clarify any issues to be addressed and to review the NHSMP proposed work plan for each year of the project. Either AoA or the NHSMP can propose a revision in the final work plan at any time. Any changes in the final work plan will require agreement of both parties.
- AoA will assist the NHSMP to understand the policy concerns and/or priorities of the Assistant Secretary for Aging and the Administration on Aging by conducting periodic briefings and by carrying out ongoing consultations. AoA will also share with the NHSMP information about other Federally-supported projects and activities relevant to the grantee's scope of work.
- AoA will provide technical advice to the grantee on the provision of technical support and associated tasks related to the fulfillment of the goals and objectives of this grant.
- AoA will attend and participate in major project events as appropriate.
- AoA will meet with the NHSMP Project Director each quarter, or at such other times as are required, to improve the effectiveness of the activities carried out under the Agreement.

Once a cooperative agreement is in place, requests to modify or amend it or the work plan may be made by AoA or the awardee at any time. Modifications and/or amendments of the Cooperative Agreement or work plan shall be effective upon the mutual agreement of both parties, except where AoA is authorized under the Terms and Conditions of award, 45 CFR Part 74 or 92, or other applicable regulation or statute to make unilateral amendments.

### **III. ELIGIBILITY INFORMATION**

#### **1. Eligible Applicants**

All domestic entities except individuals, including public or private non-profit entities including state and local governments, Indian tribal governments and organizations (American Indian/Alaskan Native/Native American), faith-based organizations, community-based organizations, hospitals, and institutions of higher education are eligible to apply under this program announcement.

To be considered for funding under this program announcement, applicants must demonstrate the following:

- a) A history of work with older Hispanic adults;

- b) A history of work in health care fraud prevention education and outreach in the Hispanic community;
- c) Experience with operating a volunteer-based program; and
- d) Experience with the Senior Medicare Patrol program.

These four elements are considered “responsiveness criteria” (see Section 3 below).

## **2. Cost Sharing or Matching**

Under this Older Americans Act (OAA) program, AoA will fund no more than 75% of the project’s total cost, which means the applicant must cover at least 25% of the project’s total cost with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project’s total cost. This “three-to-one” ratio is reflected in the formula included under Item 18 in Attachment A. You can use this formula to calculate your minimum required match. A common error applicants make is to match 25% of the Federal share, rather than 25% of the project’s total cost.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-Federal cash match includes budgetary funds provided from the applicant agency’s budget for costs associated with the project. AoA encourages you to not exceed the minimum match requirement. Applications with a match greater than the minimum required will not receive additional consideration under the review. Match is not one of the responsiveness criteria as noted in Section III, 3 Application Screening Criteria.

AoA takes very seriously the current downturn in the nation’s economy; therefore AoA may waive the matching requirement where severe hardship is documented by the applicant. If you feel unable to meet the minimum matching requirement, please provide a written justification, which explains why you cannot meet the match through cash or in-kind contributions. The written justification must be signed by your authorized representative and submitted with your application through <http://www.grants.gov>. AoA will review your request and contact you should additional information or justification be necessary. Applicants are encouraged to make this hardship determination during the application phase; waiver requests made after awards have been issued will be reviewed on a case-by-case basis.

## **3. Responsiveness and Screening Criteria**

### **Application Responsiveness Criteria**



Applications that do not meet the following responsiveness criteria will be administratively eliminated and will not be reviewed.

The successful applicants for the National Hispanic SMP will be an organization that meets the following criteria:

- a) A history of work with older Hispanic adults;
- b) A history of work in health care fraud prevention education and outreach in the Hispanic community;
- c) Experience with operating a volunteer-based program; and
- d) Experience with the Senior Medicare Patrol program.

### **Application Screening Criteria**

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the four screening criteria described below will **not** be reviewed and will receive **no** further consideration.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via <http://www.grants.gov> by 11:59 p.m., Eastern Time, **August 1, 2011**.
2. The Project Narrative section of the Application must be **double-spaced**, on 8 ½" x 11" plain white paper with **1" margins** on both sides, and a **font size of not less than 11**.
3. **The Project Narrative must not exceed 20 pages.** NOTE: The Project Work Plan, Letters of Commitment, and Vitae of Key Project Personnel **are not counted** as part of the Project Narrative for purposes of the 20-page limit.

## IV. APPLICATION AND SUBMISSION INFORMATION

### 1. Address to Request Application Package

Application materials can be obtained from <http://www.grants.gov> or <http://www.aoa.gov/AoARoot/Grants/Funding/index.aspx>.

Please note, AoA is requiring applications for all announcements to be submitted electronically through <http://www.grants.gov>. The Grants.gov (<http://www.grants.gov>) registration process can take several days. If your organization is not currently registered with <http://www.grants.gov>, please begin this process immediately. **For assistance with <http://www.grants.gov>, please contact them at [support@grants.gov](mailto:support@grants.gov) or 1-800-518-4726 between 7 a.m. and 9 p.m. Eastern Time.** At <http://www.grants.gov>, you will be able to download a copy of the application packet, complete it off-line, and then upload and submit the application via the Grants.gov website (<http://www.grants.gov>).

Applications submitted via <http://www.grants.gov>:

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number (HHS-2011-AoA-OM-1104) or CFDA number (93.048).
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. AoA strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration.
- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) **or receive subawards directly from the recipients of those grant funds** to:
  1. Be registered in the CCR prior to submitting an application or plan;
  2. Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
  3. Provide its DUNS number in each application or plan it submits to the OPDIV.An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:
  - May be determined that the applicant is not qualified to receive an award; and
  - May use that determination as a basis for making an award to another applicant.Additionally, all first-tier subaward recipients must have a DUNS number at the time the subaward is made.

- Since October 1, 2003, The Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, **nine-digit identification number**, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf)
- You must submit all documents electronically, including all information included on the SF424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- **Your application must comply with any page limitation requirements described in this Program Announcement.**
- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. The Administration on Aging will retrieve your application form from <http://www.grants.gov>.
- After the Administration on Aging retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.
- Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to renew their registration with the Central Contractor Registry (CCR). You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

Contact person regarding this Program Announcement:

U.S. Department of Health and Human Services  
Administration on Aging  
Barbara Dieker  
Center for Program Operations  
Washington, D.C. 20201

Or by calling: 202-357-0139

Or e-mailing: [Barbara.Dieker@aoa.hhs.gov](mailto:Barbara.Dieker@aoa.hhs.gov)

## 2. Content and Form of Application Submission

### a. Project Narrative

The Project Narrative must be double-spaced, on 8 ½" x 11" paper with 1" margins on both sides, and a font size of not less than 11. You can use smaller font sizes to fill in the Standard Forms and Sample Formats. The suggested length for the Project Narrative is ten to twenty pages; twenty pages is the maximum length allowed. AoA will not accept applications with a Project Narrative that exceeds 20 pages. The Project Work Plan, Letters of Commitment, and Vitae of Key Personnel are not counted as part of the Project Narrative for purposes of the 20-page limit, but all of the other sections noted below are included in the limit.

The components of the Project Narrative counted as part of the 20 page limit include:

- Summary/Abstract
- Problem Statement
- Goal(s) and Objective(s)
- Proposed Intervention
- Special Target Populations and Organizations
- Outcomes
- Project Management
- Evaluation
- Dissemination
- Organizational Capability

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for grants under Title IV of the Older Americans Act. The Project Narrative should provide a **clear and concise** description of your project. AoA recommends that your project narrative include the following components:

**Summary/Abstract.** This section should include a brief - no more than 265 words maximum - description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in Attachment F of this document.

**Problem Statement.** This section should describe, in both quantitative and qualitative terms, the nature and scope of the particular problem or issue the proposed intervention is designed to address, including how the project will potentially affect the elderly population and/or their caregivers (including specific subgroups within those populations), and possibly the health care and social services systems (e.g., the use of health care and/or nursing home services.)

**Goals and Objectives.** This section should consist of a description of the project's goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

**Proposed Intervention.** This section should provide a clear and concise description of the intervention you are proposing to use to address the problem described in the "Problem Statement". You should also describe the rationale for using the particular intervention, including factors such as: "lessons learned" for similar projects previously tested in your community, or in other areas of the country; factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of). Also note any major barriers you anticipate encountering, and how your project will be able to overcome those barriers. Be sure to describe the role and makeup of any strategic partnerships you plan to involve in implementing the intervention, including other organizations, supporters, and/or consumer groups.

**Special Target Populations and Organizations.** This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposal project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations.

**Outcomes.** This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. (NOTE: AoA will not fund any project that does not include measurable outcomes). This section should also describe how the project's findings might benefit the field at large, (e.g., how the findings could help other organizations throughout the nation to address the same or similar problems.) List measurable outcomes in the attached work plan grid (Attachment E) under "Measurable Outcomes" in addition to any discussion included in the narrative along with a description of how the project might benefit the field at large.

A "measurable outcome" is an observable end-result that describes how a particular intervention benefits consumers. Examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support that can be replicated in the aging network; new knowledge that can contribute to the field of aging; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable "output", such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing what outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe how the outcome(s) will be measured and reported.

Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. It is totally appropriate for a project to have only ONE

outcome that it is trying to achieve through the intervention reflected in the project's design.

**Project Management.** This section should include a clear delineation of the roles and responsibilities of project staff, consultants and partner organizations, and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; communications with other partners and AoA. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives.

**Evaluation.** This section should describe the method(s), techniques and tools that will be used to: 1) determine whether or not the proposed intervention achieved its anticipated outcome(s), and 2) document the "lessons learned" – both positive and negative - from the project that will be useful to people interested in replicating the intervention, if it proves successful.

**Dissemination.** This section should describe the method that will be used to disseminate the project's results and findings in a timely manner and in easily understandable formats, to parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making.

**Organizational Capability Statement.** Each application should include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have responsibility for this project) is organized, the nature and scope of its work and/or the capabilities it possesses. It should also include the organization's capability to sustain some or all project activities after Federal financial assistance has ended.

This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Please attach short vitae for key project staff only. Neither vitas nor an organizational chart will count towards the narrative page limit. Also include information about any contractual organization(s) that will have a significant role(s) in implementing project and achieving project goals.

## **b. Work Plan**

The Project Work Plan should reflect and be consistent with the Project Narrative and Budget and should cover all three (3) years of the project period. It should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks / action steps that will be pursued to achieve the goal and outcome(s). For each major task / action step, the work plan should identify timeframes involved

(including start- and end-dates), and the lead person responsible for completing the task. Please use the Sample Work Plan format included in Attachment E.

### **c. Letters of Commitment from Key Participating Organizations and Agencies**

Include confirmation of the commitments to the project (should it be funded) made by key collaborating organizations and agencies in this part of the application. Any organization that is specifically named to have a significant role in carrying out the project should be considered an essential collaborator. For applications submitted electronically via <http://www.grants.gov>, signed letters of commitment should be scanned and included as attachments. Applicants unable to scan the signed letters of commitment may fax them to the AoA Office of Grants Management at 202-357-3467 by the application submission deadline. In your fax, be sure to include the funding opportunity number and your agency name.

### **d. Budget Narrative/Justification**

The Budget Narrative/Justification should be provided using the format included as Attachment C of this Program Announcement. Applicants are encouraged to pay particular attention to Attachment C, which provides an example of the level of detail sought. A combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required

## **3. Submission Dates and Times**

This section must specify the deadline for application submission and, if required, letters of intent.

The following is standard AoA language that may be modified to meet specific grant program requirements.

The deadline for the submission of applications under this Program Announcement is August 1, 2011. Applications must be submitted electronically by 11:59 p.m. Eastern Time on August 1, 2011.

Applications that fail to meet the application due date will not be reviewed and will receive no further consideration. **You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date.** Do not wait until the last day in the event you encounter technical difficulties, either on your end or, with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your

submission. For example, you will be required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>. After the Administration on Aging retrieves your application form from <http://www.grants.gov>, a return receipt will be emailed to the applicant contact. This will be in addition to the validation number provided by <http://www.grants.gov>.

#### **4. Intergovernmental Review**

This funding opportunity announcement is not subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs.”

#### **5. Funding Restrictions**

Identify any activities which are not fundable under the grant program, e.g., construction and/or major rehabilitation of buildings. This section also may include any other types of funding restrictions, e.g., ceiling amounts for particular activities if an application will consist of multiple programmatic components. This section should also indicate whether pre-award costs are allowable.

The following activities are not fundable:

- Construction and/or major rehabilitation of buildings
- Basic research (e.g. scientific or medical experiments)
- Continuation of existing projects without expansion or new and innovative approaches



## **V. APPLICATION REVIEW INFORMATION**

### **1. Criteria**

Applications are scored by assigning a maximum of 100 points across five criteria:

- a. Project Relevance & Current Need - (10 points);**
- b. Approach - (30 points);**
- c. Budget – (10 points);**
- d. Project Impact - (30 points); and**
- e. Organizational Capacity - (20 points).**

#### **a. Project Relevance & Current Need**

**Weight: 10 points**

i. Does the proposed project clearly and adequately identify the key problems/conditions relevant to the applicant's purpose/need? In particular, does the applicant describe current health care fraud control issues and problems, focusing on those prevalent within Hispanic communities, as well as the challenges inherent in expanding the health care fraud awareness of older Hispanic adults?

#### **b. Approach**

**Weight: 30 points**

i. Is the intervention clearly defined? Does it reflect a coherent and feasible approach for successfully addressing the identified problem and achieving the identified outcome(s)? Does the project take into account barriers and opportunities that exist in the larger environment that may impact on the project's success? Does the intervention optimize the use of potential partnerships with other organizations and/or consumer groups, as appropriate? (10 points)

ii. Is the project work plan clear and comprehensive? Does it include sensible and feasible timeframes for the accomplishment of tasks presented? Does the work plan include specific objectives and tasks that are linked to measurable outcomes? Does the proposal include a clear and coherent management plan? Are the roles and responsibilities of project staff, consultants and volunteers clearly defined and linked to specific objectives and tasks? Are the qualifications of the project staff, consultants, and the proposed level of effort, adequate to carryout the project? (10 points)

iii. Does the application describe how local community-based organizations will be involved in a meaningful way in the planning and implementation of the proposed project? Does the application outline who are considered vested stakeholders, how they

were/will be identified, and how they will be meaningfully incorporated into the project? (10 points)

**c. Budget**

**Weight: 10 points**

i. Is the budget justified with respect to the adequacy and reasonableness of resources requested? Is the time commitment of the proposed director and other key project personnel sufficient to assure proper direction, management and timely completion of the project? (5 points)

ii. Are budget line items clearly delineated and consistent with work plan objectives? For example, has a multiyear budget covering the entire proposed project period been included as well as a budget covering each individual year? (5 points)

**d. Project Impact**

**Weight: 30 points**

i. Are the expected project benefits/results clear, realistic, and consistent with the objectives and purpose of the project? Are the anticipated outcomes of the proposed project likely to be achieved and will they significantly benefit the Hispanic population, the SMP program, and contribute to overall efforts to control health care fraud? Are the proposed outcomes quantifiable and measurable, consistent with the definition of a project outcome contained in Attachment E of the Program Announcement? (10 points)

ii. Does the project evaluation reflect a thoughtful and well-designed approach that will be able to successfully measure whether or not the project has achieved its proposed outcome(s)? Does the plan include the qualitative and/or quantitative methods necessary to reliably measure outcomes? Is the evaluation also designed to capture “lessons learned” from the overall effort that might be of use to others in the field of aging, especially those who might be interested in replicating the project? (10 points)

iii. Does the proposal demonstrate creativity in how they increase awareness of NHSMP programs and services and disseminate information and products to all appropriate audiences? Will the dissemination plan provide relevant and easy-to-use information in a timely manner to SMP projects and other organizations that may be interested in using or replicating any or all of the project’s approaches or findings? (10 points)

**e. Organizational Capacity**

**Weight: 20 points**

i. Does the applicant organization clearly identify their capacity for carrying out the proposed project and evaluation? To what degree does the applicant demonstrate expert knowledge concerning prevention of Medicare and other health care fraud; expertise in the mission and function of the SMP program; and expertise in conducting targeted outreach within the Hispanic community? (10 points)

ii. Do the proposed project director(s), key staff and consultants have the background, experience, and other qualifications required to carry out their designated roles? Are letters from participating organizations included, as appropriate, and do they express the clear commitment and areas of responsibility of those organizations, consistent with the work plan description of their intended roles and contributions? (10 points)

## **2. Review and Selection Process**

An independent review panel of at least three individuals will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria.

Final award decisions will be made by the Assistant Secretary for Aging (ASA). In making these decisions, the ASA will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected.

## **VI. AWARD ADMINISTRATION INFORMATION**

### **1. Award Notices**

Successful applicants will receive an electronic Notice of Award. The Notice of Award is the authorizing document from the U.S. Administration on Aging authorizing official, Officer of Grants Management, and the AoA Office of Budget and Finance. Unsuccessful applicants are generally notified within 30 days of the final funding decision and will receive a disapproval letter via e-mail or U.S. mail. Unless indicated otherwise in this announcement, unsuccessful applications will not be retained by the agency and destroyed.

### **2. Administrative and National Policy Requirements**

The award is subject to DHHS Administrative Requirements, which can be found in 45 CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

### **3. Reporting**

Effective March 1, 2011, AoA requires the submission of the SF-425 (Federal Financial Report). The AoA program progress report is due semi-annually from the start date of the award. Final performance and SF-425 reports are due 90 days after the end of the project period.

Grantees are required to complete the federal cash transactions portion of the SF-425 within the Payment Managements System as identified in their award documents for the calendar quarters ending 3/31, 6/30, 9/30, and 12/31 through the life of their award. In addition, the fully completed SF-425 will be required as denoted in the Notice of Award terms and conditions.

### **4. FFATA and FSRS Reporting**

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

For further guidance please see the following link:

[http://www.aoa.gov/AoARoot/Grants/FFATA\\_Terms/docs/Requirements\\_for\\_Federal\\_Funding\\_Accountability\\_and\\_Transparency\\_Act\\_Implementation.pdf](http://www.aoa.gov/AoARoot/Grants/FFATA_Terms/docs/Requirements_for_Federal_Funding_Accountability_and_Transparency_Act_Implementation.pdf)

## **VII. AGENCY CONTACTS**

### **Project Officer:**

U.S. Department of Health and Human Services

Administration on Aging

Washington, DC 20201

Attn: Barbara Dieker

Telephone: (202) 357-0139, e-mail: [Barbara.Dieker@aoa.hhs.gov](mailto:Barbara.Dieker@aoa.hhs.gov)

### **Grants Management Specialist:**

U.S. Department of Health and Human Services

Administration on Aging

Washington, DC 20201

Attn: Sean Lewis

e-mail: [sean.lewis@aoa.hhs.gov](mailto:sean.lewis@aoa.hhs.gov)

## **1. Application Elements**

- a. **SF 424** – Application for Federal Assistance (See Attachment A for Instructions).
- b. **SF 424A** – Budget Information. (See Attachment A for Instructions; See Attachment B for an example of a completed SF 424A).
- c. **Separate Budget Narrative/Justification** (See Attachment C for a Budget Narrative/Justification Sample Format with Examples and Attachment D for a Sample Template).  
**NOTE: Applicants requesting funding for multi-year grant projects are REQUIRED to provide a Narrative/Justification for each year of potential grant funding, as well as a combined multi-year detailed Budget Narrative/Justification.**
- d. **SF 424B – Assurances.** Note: Be sure to complete this form according to instructions and have it signed and dated by the authorized representative (see item 18d on the SF 424).
- e. **Lobbying Certification**
- f. **Proof of non-profit status, if applicable**
- g. **Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs.** If any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect cost agreements must also be included with the application.
- h. **Project Narrative with Work Plan** (See Attachment E, for Sample Work Plan Format).
- i. **Organizational Capability Statement and Vitae for Key Project Personnel.**
- j. **Letters of Commitment from Key Partners, if applicable.**

## **2. The Paperwork Reduction Act of 1995 (P.L. 104-13)**

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 8/31/13. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

# **ATTACHMENTS**

## **Attachment A:**

Instructions for Completing Required Forms  
(SF 424, Budget (SF 424A), Budget Narrative/Justification)

## **Attachment B:**

SF 424 – Sample Format with Example

## **Attachment C:**

Budget Narrative/Justification Format – Sample Format with Examples

## **Attachment D:**

Budget Narrative/Justification – Sample Template

## **Attachment E:**

Project Work Plan - Sample Template

## **Attachment F:**

Instructions for Completing the Summary/Abstract

## **Attachment A: Instructions for Completing Required Forms**

### **(SF 424, Budget (SF 424A), Budget Narrative/Justification)**

This section provides step-by-step instructions for completing the four (4) standard Federal forms required as part of your grant application, including special instructions for completing Standard Budget Forms 424 and 424A. Standard Forms 424 and 424A are used for a wide variety of Federal grant programs, and Federal agencies have the discretion to require some or all of the information on these forms. AoA does not require all the information on these Standard Forms. Accordingly, please use the instructions below in lieu of the standard instructions attached to SF 424 and 424A to complete these forms.

#### **a. Standard Form 424**

1. **Type of Submission:** (REQUIRED): Select one type of submission in accordance with agency instructions.

- Preapplication
- Application
- Changed/Corrected Application – If AoA requests, check if this submission is to change or correct a previously submitted application.

2. **Type of Application:** (REQUIRED) Select one type of application in accordance with agency instructions.

- New
- Continuation
- Revision

3. **Date Received:** Leave this field blank.

4. **Applicant Identifier:** Leave this field blank

5a **Federal Entity Identifier:** Leave this field blank

5b. **Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award (grant) number.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

8. **Applicant Information:** Enter the following in accordance with agency instructions:

**a. Legal Name:** (REQUIRED): Enter the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website (<http://www.grants.gov>).

**b. Employer/Taxpayer Number (EIN/TIN):** (REQUIRED): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**c. Organizational DUNS:** (REQUIRED) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website (<http://www.grants.gov>). Your DUNS number can be verified at <http://www2.zapdata.com/CompanyLookup.do>.

**d. Address:** (REQUIRED) Enter the complete address including the county.

**e. Organizational Unit:** Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the project.

**f. Name and contact information of person to be contacted on matters involving this application:** Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.

**9. Type of Applicant:** (REQUIRED) Select the applicant organization "type" from the following drop down list.

A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/State Controlled Institution of Higher Education I. Indian/Native American Tribal Government (Federally Recognized) J. Indian/Native American Tribal Government (Other than Federally Recognized) K. Indian/Native American Tribally Designated Organization L. Public/Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization (Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)

**10. Name Of Federal Agency:** (REQUIRED) Enter U.S. Administration on Aging

**11. Catalog Of Federal Domestic Assistance Number/Title:** The CFDA number can be found on page one of the Program Announcement.

**12. Funding Opportunity Number/Title:** (REQUIRED) The Funding Opportunity Number and title of the opportunity can be found on page one of the Program Announcement.

**13. Competition Identification Number/Title:** Leave this field blank.

**14. Areas Affected By Project:** List the largest political entity affected (cities, counties, state etc).



**15. Descriptive Title of Applicant's Project:** (REQUIRED) Enter a brief descriptive title of the project.

**16. Congressional Districts Of:** (REQUIRED) 16a. Enter the applicant's Congressional District, and 16b. Enter all district(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5th district, CA-012 for California 12<sup>th</sup> district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e. all districts within all states are affected, enter US-all. See the below website to find your congressional district:

<http://www.house.gov/Welcome.shtml>

**17. Proposed Project Start and End Dates:** (REQUIRED) Enter the proposed start date and final end date of the project. **If you are applying for a multi-year grant, such as a 3 year grant project, the final project end date will be 3 years after the proposed start date.** In general, all start dates on the SF424 should be the 1<sup>st</sup> of the month and the end date of the last day of the month of the final year, for example 4/01/2011 to 3/31/2014. The Grants Officer can alter the start and end date at their discretion.

**18. Estimated Funding:** (REQUIRED) If requesting multi-year funding, enter the full amount requested from the Federal Government in line item 18.a., as a multi-year total. For example and illustrative purposes only, if year one is \$100,000, year two is \$100,000, and year three is \$100,000, then the full amount of Federal funds requested would be reflected as \$300,000. The amount of matching funds is denoted by lines b. through f. with a combined Federal and non-Federal total entered on line g. Lines b. through f. represents contributions to the project by the applicant and by your partners during the total project period, broken down by each type of contributor. The value of in-kind contributions should be included on appropriate lines, as applicable.

**NOTE:** Applicants should review cost sharing or matching principles contained in Subpart C of 45 CFR Part 74 or 45 CFR Part 92 before completing Item 18 and the Budget Information Sections A, B and C noted below.

All budget information entered under item 18 should cover the total project period. For sub-item 18a, enter the Federal funds being requested. Sub-items 18b-18e is considered matching funds. The dollar amounts entered in sub-items 18b-18f must total at least 1/3<sup>rd</sup> of the amount of Federal funds being requested (the amount in 18a). For a full explanation of AoA's match requirements, see the information in the box below. For sub-item 18f (program income), enter only the amount, if any, that is going to be used as part of the required match. Program Income submitted as match will become a part of the award match and recipients will be held accountable to meet their share of project expenses even if program income is not generated during the award period.

There are two types of match: 1) non-Federal cash and 2) non-Federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project,

including sub-grantees, contractors and consultants, are considered **matching funds**. Examples of **non-Federal cash match** includes budgetary funds provided from the applicant agency's budget for costs associated with the project. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-Federal in-kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations.

NOTE: **Indirect charges** may only be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency; or (2) the applicant is a state or local government agency. State governments should enter the amount of indirect costs determined in accordance with DHHS requirements. **If indirect costs are to be included in the application, a copy of the approved indirect cost agreement must be included with the application. Further, if any sub-contractors or sub-grantees are requesting indirect costs, a copy of the latest approved indirect cost agreements must also be included with the application, or reference to an approved cost allocation plan.**

#### **AOA's Match Requirement**

Under this and other OAA programs, AoA will fund no more than 75 % of the **project's total cost**, which means the applicant must cover at least 25% of the **project's total cost** with non-Federal resources. In other words, for every three (3) dollars received in Federal funding, the applicant must contribute at least one (1) dollar in non-Federal resources toward the project's total cost (i.e., the amount on line 18g.). This "three-to-one" ratio is reflected in the following formula which you can use to calculate your minimum required match:

**Federal Funds Requested (i.e., amount on line 15a) / 3 = Minimum Match**

For example, if you request \$100,000 in Federal funds, then your **minimum** match requirement is \$100,000/3 or \$33,333. In this example the **project's total cost** would be \$133,333.

A **common error** applicants make is to match 25% of the Federal share, rather than 25% of the project's total cost, so be sure to use one of the formulas above to calculate your match requirement.

**If the required non-Federal share is not provided by the completion date of the funded project period, AoA will reduce the Federal dollars awarded when closing out the award to meet the match percentage, which may result in a requirement to return Federal funds.**

#### **19. Is Application Subject to Review by State Under Executive Order 12372 Process?**

Check c. Program is not covered by E.O. 12372

**20. Is the Applicant Delinquent on any Federal Debt?** (Required) This question applies to the applicant organization, not the person who signs as the authorized representative. If yes, include an explanation on the continuation sheet.

**21. Authorized Representative:** (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

#### **b. Standard Form 424A**

NOTE: Standard Form 424A is designed to accommodate applications for multiple grant programs; thus, for purposes of this AoA program, many of the budget item columns and rows are not applicable. You should only consider and respond to the budget items for which guidance is provided below. Unless otherwise indicated, the SF 424A should reflect a multi year budget. See Attachment B.

#### **Section A - Budget Summary**

**Line 5:** Leave columns (c) and (d) blank. Enter TOTAL Federal costs in column (e) and total non-Federal costs (including third party in-kind contributions and any program income to be used as part of the grantee match) in column (f). Enter the sum of columns (e) and (f) in column (g).

#### **Section B - Budget Categories**

Column 1: Enter the breakdown of how you plan to use the Federal funds being requested by object class category (see instructions for each object class category in Attachment C).

Column 2: Enter the breakdown of how you plan to use the non-Federal share by object class category.

Column 5: Enter the total funds required for the project (sum of Columns 1 and 2) by object class category.

#### **Section C – Non Federal Resources**

Column A: Enter the federal grant program.

Column B: Enter in any non-federal resources that the applicant will contribute to the project.

Column C: Enter in any non-federal resources that the state will contribute to the project.

Column D: Enter in any non-federal resources that other sources will contribute to the project.

Column E: Enter the total non-federal resources for each program listed in column A.

### **Section D –Forecasted Cash Needs**

**Line 13:** Enter Federal forecasted cash needs broken down by quarter for the first year only.

**Line 14:** Enter Non-Federal forecasted cash needs broken down by quarter for the first year.

Line 15: Enter total forecasted cash needs broken down by quarter for the first year.

Note: This area is not meant to be one whereby an applicant merely divides the requested funding by four and inserts that amount in each quarter but an area where thought is given as to how your estimated expenses will be incurred during each quarter. For example, if you have initial start up costs in the first quarter of your award reflect that in quarter one or you do not expect to have contracts awarded and funded until quarter three, reflect those costs in that quarter.

### **Section E – Budget Estimates of Federal Funds Needed for Balance of the Project (i.e. subsequent years 2, 3, 4 or 5 as applicable).**

Column A: Enter the federal grant program

Column B (first): Enter the requested year two funding.

Column C (second): Enter the requested year three funding.

Column D (third): Enter the requested year four funding, if applicable.

Column E (forth): Enter the requested year five funding, if applicable.

### **Section F – Other Budget Information**

**Line 21:** Enter the total Indirect Charges

**Line 22:** Enter the total Direct charges (calculation of indirect rate and direct charges).

**Line 23:** Enter any pertinent remarks related to the budget.

### Separate Budget Narrative/Justification Requirement

**Applicants requesting funding for multi-year grant programs are REQUIRED to provide a combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding. A separate Budget Narrative/Justification is also REQUIRED for each potential year of grant funding requested.**

For your use in developing and presenting your Budget Narrative/Justification, a sample format with examples and a blank sample template have been included in these Attachments. In your Budget Narrative/Justification, you should include a breakdown of the budgetary costs for all of the object class categories noted in Section B, across three columns: Federal; non-Federal cash; and non-Federal in-kind. Cost breakdowns, or justifications, are required for any cost of \$1,000 or for the thresholds as established in the examples. The Budget Narratives/Justifications should fully explain and justify the costs in each of the major budget items for each of the object class categories, as described below. Non-Federal cash as well as, sub-contractor or sub-grantee (third party) in-kind contributions designated as match must be clearly identified and explained in the Budget Narrative/Justification. The full Budget Narrative/Justification should be included in the application immediately following the SF 424 forms.

Line 6a: **Personnel:** Enter total costs of salaries and wages of applicant/grantee staff. Do not include the costs of consultants, which should be included under 6h - Other.  
**In the Justification:** Identify the project director, if known. Specify the key staff, their titles, and time commitments in the budget justification.

Line 6b: **Fringe Benefits:** Enter the total costs of fringe benefits unless treated as part of an approved indirect cost rate.  
**In the Justification:** If the total fringe benefit rate exceeds 35% of Personnel costs, provide a break-down of amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement, etc. A percentage of 35% or less does not require a break down but you must show the percentage charged for each full/part time employee.

Line 6c: **Travel:** Enter total costs of all travel (local and non-local) for staff on the project.  
NEW: Local travel is considered under this cost item not under Other. Local transportation (all travel which does not require per diem is considered local travel). Do not enter costs for consultant's travel - this should be included in line 6h.  
**In the Justification:** Include the total number of trips, number of travelers, destinations, purpose (e.g., attend conference), length of stay, subsistence allowances (per diem), and transportation costs (including mileage rates).

Line 6d: **Equipment:** Enter the total costs of all equipment to be acquired by the project. For all grantees, "equipment" is non-expendable tangible personal property having a useful life

of more than one year and an acquisition cost of \$5,000 or more per unit. If the item does not meet the \$5,000 threshold, include it in your budget under Supplies, line 6e.

**In the Justification:** Equipment to be purchased with federal funds must be justified as necessary for the conduct of the project. The equipment must be used for project-related functions. Further, the purchase of specific items of equipment should not be included in the submitted budget if those items of equipment, or a reasonable facsimile, are otherwise available to the applicant or its sub-grantees.

Line 6e: **Supplies:** Enter the total costs of all tangible expendable personal property (supplies) other than those included on line 6d.

**In the Justification:** . For any grant award that has supply costs in excess of 5% of total direct costs (Federal or Non-Federal), you must provide a detailed break down of the supply items (e.g., 6% of \$100,000 = \$6,000 – breakdown of supplies needed). If the 5% is applied against \$1 million total direct costs (5% x \$1,000,000 = \$50,000) a detailed breakdown of supplies is not needed. Please note: any supply costs of \$5,000 or less regardless of total direct costs does not require a detailed budget breakdown (e.g., 5% x \$100,000 = \$5,000 – no breakdown needed).

Line 6f: **Contractual:** Regardless of the dollar value of any contract, you must follow your established policies and procedures for procurements and meet the minimum standards established in the Code of Federal Regulations (CFR's) mentioned below. Enter the total costs of all contracts, including (1) procurement contracts (except those which belong on other lines such as equipment, supplies, etc.). Note: The 33% provision has been removed and line item budget detail is not required as long as you meet the established procurement standards. Also include any awards to organizations for the provision of technical assistance. Do not include payments to individuals on this line. Please be advised: A subrecipient is involved in financial assistance activities by receiving a sub-award and a subcontractor is involved in procurement activities by receiving a sub-contract. Through the recipient, a subrecipient performs work to accomplish the public purpose authorized by law. Generally speaking, a sub-contractor does not seek to accomplish a public benefit and does not perform substantive work on the project. It is merely a vendor providing goods or services to directly benefit the recipient, for example procuring landscaping or janitorial services. In either case, you are encouraged to clearly describe the type of work that will be accomplished and type of relationship with the lower tiered entity whether it be labeled as a subaward or subcontract.

**In the Justification:** Provide the following three items – 1) Attach a list of contractors indicating the name of the organization; 2) the purpose of the contract; and 3) the estimated dollar amount. If the name of the contractor and estimated costs are not available or have not been negotiated, indicate when this information will be available. The Federal government reserves the right to request the final executed contracts at any time. If an individual contractual item is over the small purchase threshold, currently set at \$100K in the CFR, you must certify that your procurement standards are in accordance with the policies and procedures as stated in 45 CFR 74.44 for non-profits and 92.36 for states, in lieu of providing separate detailed budgets. This certification should be referenced in the justification and attached to the budget narrative.

Line 6g: **Construction:** Leave blank since construction is not an allowable costs for this program.

Line 6h: **Other:** Enter the total of all other costs. Such costs, where applicable, may include, but are not limited to: insurance, medical and dental costs (i.e. for project volunteers this is different from personnel fringe benefits), non-contractual fees and travel paid directly to *individual* consultants, postage, space and equipment rentals/lease, printing and publication, computer use, training and staff development costs (i.e. registration fees). If a cost does not clearly fit under another category, and it qualifies as an allowable cost, then rest assured this is where it belongs.

**In the Justification:** Provide a reasonable explanation for items in this category. For example, individual consultants explain the nature of services provided and the relation to activities in the work plan or indicate where it is described in the work plan. Describe the types of activities for staff development costs.

Line 6i: **Total Direct Charges:** Show the totals of Lines 6a through 6h.

Line 6j: **Indirect Charges:** Enter the total amount of indirect charges (costs), if any. If no indirect costs are requested, enter "none." Indirect charges may be requested if: (1) the applicant has a current indirect cost rate agreement approved by the Department of Health and Human Services or another federal agency; or (2) the applicant is a state or local government agency. **State governments should enter the amount of indirect costs determined in accordance with DHHS requirements.** An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. Indirect Costs can only be claimed on Federal funds, more specifically, they are to only be claimed on the Federal share of your direct costs. Any unused portion of the grantee's eligible Indirect Cost amount that are not claimed on the Federal share of direct charges can be claimed as un-reimbursed indirect charges, and that portion can be used towards meeting the recipient match.

Line 6k: **Total:** Enter the total amounts of Lines 6i and 6j.

Line 7: **Program Income:** As appropriate, include the estimated amount of income, if any, you expect to be generated from this project that you wish to designate as match (equal to the amount shown for Item 15(f) on Form 424). **Note:** Any program income indicated at the bottom of Section B and for item 15(f) on the face sheet of Form 424 will be included as part of non-Federal match and will be subject to the rules for documenting completion of this pledge. If program income is expected, but is not needed to achieve matching funds, **do not** include that portion here or on Item 15(f) of the Form 424 face sheet. Any anticipated program income that will not be applied as grantee match should be described in the Level of Effort section of the Program Narrative.

### c. Standard Form 424B - Assurances

This form contains assurances required of applicants under the discretionary funds programs administered by the Administration on Aging. Please note that a duly authorized representative of the applicant organization must certify that the organization is in compliance with these assurances.

#### **d. Certification Regarding Lobbying**

This form contains certifications that are required of the applicant organization regarding lobbying. Please note that a duly authorized representative of the applicant organization must attest to the applicant's compliance with these certifications.

#### **Proof of Non-Profit Status**

Non-profit applicants must submit proof of non-profit status. Any of the following constitutes acceptable proof of such status:

- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.

#### **Indirect Cost Agreement**

Applicants that have included indirect costs in their budgets must include a copy of the current indirect cost rate agreement approved by the Department of Health and Human Services or another Federal agency. This is optional for applicants that have not included indirect costs in their budgets.



## Attachment B: Standard Form 424A – Sample Format

OMB Approval No. 0348-0044 <b>BUDGET INFORMATION--Non-Construction Programs</b>						
<b>SECTION A-BUDGET SUMMARY</b>						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. LifeSpan Respite	93.048			300,000	100,000	400,000
2.						
3.						
4.						
<b>5. TOTALS</b>				300,000	100,000	400,000
<b>SECTION B-BUDGET CATEGORIES</b>						
6. Object Class Categories		GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
		(1) Year 1	(2) Year 2	(3) Year 3	(4)	
a. <b>Personnel</b>		25,000	30,000	35,000		90,000
b. <b>Fringe Benefits</b>		10,000	15,000	20,000		45,000
c. <b>Travel</b>		5,000	5,000	5,000		15,000
d. <b>Equipment</b>		5,000	0	0		5,000
e. <b>Supplies</b>		5,000	2,500	1,000		8,500
f. <b>Contractual</b>		15,000	0	0		15,000
g. <b>Construction</b>		0	0	0		
h. <b>Other</b>		43,333	55,833	47,334		146,500
i. <b>Total Direct Charges</b> (sum 6a-h)		75,000	75,000	75,000		225,000
j. <b>Indirect Charges</b> @		25,000	25,000	25,000		75,000
k. <b>TOTALS</b> (sum 6i and j)		133,333	133,333	133,334		400,000
<b>7. Program Income</b>		None				

SECTION C-NON-FEDERAL RESOURCES					
(a) Grant Program		(b) Applicant	(c) State	(d) Other sources	(e) TOTALS
8. Life Span Respite		60,000	30,000	10,000	100,000
9.					
10.					
11.					
12. TOTALS (sum of lines 8 and 11)		60,000	30,000	10,000	100,000
SECTION D-FORECASTED CASH NEEDS					
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	100,000	15,000	50,000	20,000	15,000
14. Non-Federal	33,333	6,000	10,000	9,000	8,333
15. TOTAL (sum of lines 13 and 14)					
SECTION E-BUDGET ESTIMATES OF <u>FEDERAL</u> FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program		Future Funding Periods (Years)			
		(b) First	(c) Second	(d)	(e)
16. Life Span Respite		100,000	100,000		
17.					
18.					
19.					
20. TOTALS (sum of lines 16-19)					
SECTION F-OTHER BUDGET INFORMATION (Attach additional Sheets if Necessary)					
21. Direct Charges:			22. Indirect Charges:		
23. Remarks					

### Attachment C: Budget Narrative/Justification – Sample Format

**NOTE :** Applicants requesting funding for a multi-year grant program are **REQUIRED** to provide a detailed Budget Narrative/Justification for **EACH** potential year of grant funding requested.

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Personnel	\$47,700	\$23,554	\$0	\$71,254	<b>Federal</b> Project Director (name) = .5 FTE @ \$95,401/yr = \$47,700 <b>Non-Fed Cash</b> Officer Manager (name) = .5FTE @ \$47,108/yr = <u>\$23,554</u>  Total \$71,254
Fringe Benefits	\$17,482	\$8,632	\$0	\$26,114	<b>Federal</b> Fringe on Project Director at 36.65% = \$17,482 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%) <b>Non-Fed Cash</b> Fringe on Office Manager at 36.65% = \$8,632 FICA (7.65%) Health (25%) Dental (2%) Life (1%) Unemployment (1%)

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Travel	\$4,707	\$2,940	\$0	\$7,647	<b>Federal</b> Local travel: 6 TA site visits for 1 person Mileage: 6RT @ .585 x 700 miles \$2,457 Lodging: 15 days @ \$110/day \$1,650 Per Diem: 15 days @ \$40/day <u>\$600</u> Total \$4,707 <b>Non-Fed Cash</b> Travel to National Conference in (Destination) for 3 people Airfare 1 RT x 3 staff @ \$500 \$1,500 Lodging: 3 days x 3 staff @ \$120/day \$1,080 Per Diem: 3 days x 3 staff @ \$40/day <u>\$360</u> Total \$2,940
Equipment	\$10,000	\$0	\$0	\$10,000	<i>No Equipment requested OR:</i> Call Center Equipment Installation = \$5,000 Phones = <u>\$5,000</u> Total \$10,000
Supplies	\$3,700	\$5,784	\$0	\$9,484	<b>Federal</b> 2 desks @ \$1,500 \$3,000 2 chairs @ \$300 \$600 2 cabinets @ \$200 \$400 <b>Non-Fed Cash</b> 2 Laptop computers \$3,000 Printer cartridges @ \$50/month \$300 Consumable supplies (pens, paper, clips etc...) @ \$182/month <u>\$2,184</u> Total \$9,484

Object Class Category	Federal Funds	Non-Federal Cash	Non-Federal In-Kind	TOTAL	Justification
Contractual	\$30,171	\$0	\$0	\$30,171	<p>(organization name, purpose of contract and estimated dollar amount)</p> <p>Contract with AAA to provide respite services:</p> <p>11 care givers @ \$1,682 = \$18,502</p> <p>Volunteer Coordinator = <u>\$11,669</u></p> <p>Total \$30,171</p> <p><i>If contract details are unknown due to contract yet to be made provide same information listed above and:</i></p> <p>A detailed evaluation plan and budget will be submitted by (date), when contract is made.</p>
Other	\$5,600	\$0	\$5,880	\$11,480	<p><b>Federal</b></p> <p>2 consultants @ \$100/hr for 24.5 hours each = \$4,900</p> <p>Printing 10,000 Brochures @ \$.05 = \$500</p> <p>Local conference registration fee (name conference) = <u>\$200</u></p> <p>Total \$5,600</p> <p><b>In-Kind</b></p> <p><b>Volunteers</b></p> <p>15 volunteers @ \$8/hr for 49 hours = \$5,880</p>
Indirect Charges	\$20,934	\$0	\$0	\$20,934	<p>21.5 % of salaries and fringe = \$20,934</p> <p>IDC rate is attached.</p>
<b>TOTAL</b>	\$140,294	\$40,910	\$5,880	\$187,084	

## Attachment D: Budget Narrative/Justification — Sample Template

**NOTE :** Applicants requesting funding for a multi-year grant program are **REQUIRED** to provide a detailed Budget Narrative/Justification for **EACH** potential year of grant funding requested.

<b>Object Class Category</b>	<b>Federal Funds</b>	<b>Non- Federal Cash</b>	<b>Non- Federal In-Kind</b>	<b>TOTAL</b>	<b>Justification</b>
<b>Personnel</b>					
<b>Fringe Benefits</b>					
<b>Travel</b>					
<b>Equipment</b>					
<b>Supplies</b>					
<b>Contractual</b>					
<b>Other</b>					
<b>Indirect Charges</b>					
<b>TOTAL</b>					

## Attachment E: Project Work Plan – Sample Template

**NOTE : Applicants requesting funding for a multi-year grant program are REQUIRED to provide a Project Work Plan for EACH potential year of grant funding requested.**

- **Goal:**
- **Measurable Outcome(s):**

\* **Time Frame** (Start/End Dates by Month in Project Cycle)

[illegible]







Major Objectives	Key Tasks	Lead Person	1*	2*	3*	4*	5*	6*	7*	8*	9*	10*	11*	12*

○ **NOTE: Please do not infer from this sample format that your work plan must have 6 major objectives. If you need more pages, simply repeat this format on additional pages.**

○

## **Attachment F: Instructions for Completing the Project Summary/Abstract**

○

- All applications for grant funding must include a Summary/Abstract that concisely describes the proposed project. It should be written for the general public.
- To ensure uniformity, limit the length to 265 words or less, on a single page with a font size of not less than 11, doubled-spaced.
- The abstract must include the project's goal(s), objectives, overall approach (including target population and significant partnerships), anticipated outcomes, products, and duration. The following are very simple descriptions of these terms, and a sample Compendium abstract.

**Goal(s)** – broad, overall purpose, usually in a mission statement, i.e. what you want to do, where you want to be.

**Objective(s)** – narrow, more specific, identifiable or measurable steps toward a goal. Part of the planning process or sequence (the “how”) to attain the goal(s).

**Outcomes** - measurable results of a project. Positive benefits or negative changes, or measurable characteristics that occur as a result of an organization's or program's activities. (Outcomes are the end-point)

**Products** – materials, deliverables.

- A model abstract/summary is provided below:

The Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), in **partnership** with the Delaware Lifespan Respite Care Network (DLRCN) and key stakeholders will, in the course of this two-year project, expand and maintain a statewide coordinated lifespan respite system that builds on the infrastructure currently in place. The **goal** of this project is to improve the delivery and quality of respite services available to families across age and disability spectrums by expanding and coordinating existing respite systems in Delaware. The **objectives** are: 1) to improve lifespan respite infrastructure; 2) to improve the provision of information and awareness about respite service; 3) to streamline access to respite services through the Delaware ADRC; 4) to increase availability of respite services. Anticipated **outcomes** include: 1) families and caregivers of all ages and disabilities will have greater options for choosing a respite provider; 2) providers will demonstrate increased ability to provide specialized respite care; 3) families will have streamlined access to information and satisfaction with respite services; 4) respite care will be provided using a variety of existing funding sources and 5) a sustainability plan will be developed to support the project in the future. The expected **products** are marketing and outreach materials, caregiver training, respite worker training, a Respite Online searchable database, two new

Caregiver Resource Centers (CRC), an annual Respite Summit, a respite voucher program and 24/7 telephone information and referral services.

